

# 2016 IES Swimmer Assignment Form

Name of Meet: \_\_\_\_\_

Date: \_\_\_\_\_ City: \_\_\_\_\_

Name of Swimmer(s):

_____	_____
_____	_____
_____	_____

Name of Swimmer's Team: \_\_\_\_\_

\_\_\_\_\_, agree to act as coach for the  
(Print your name)  
above named swimmer(s) during the pre-meet practice, warm-up and the  
competition.

Phone: \_\_\_\_\_

\_\_\_\_\_  
Coach's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Coach's Team Name